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CONFIRMATION NO. 7991

SERIAL NUMBER	FILING OR 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/810,999	03/16/2001	424	1644	14028.0284U2
RULE				

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/064,413 04/22/1998 ABN  
 and is a CIP of 09/636,251 08/10/2000 ABN  
 which is a CON of 08/843,409 04/15/1997 PAT 6,103,235  
 which claims benefit of 60/015,459 04/15/1996  
 and said 09/636,251 08/10/2000  
 is a CON of 08/739,703 10/29/1996 ABN  
 which claims benefit of 60/008,104 10/30/1995  
 This application 09/810,999  
 is a CIP of 09/368,069 08/03/1999 ABN  
 which is a CON of 08/878,378 06/18/1997 ABN  
 which is a CON of 08/628,745 11/18/1996 ABN  
 which is a 371 of PCT/US96/05087 04/12/1996  
 and said 08/878,378 06/18/1997  
 is a CIP of 08/739,703 10/29/1996 ABN  
 which claims benefit of 60/008,104 10/30/1995  
 and said 08/878,378 06/18/1997  
 is a CON of PCT/US96/05087 04/12/1996  
 This application 09/810,999  
 is a CIP of 09/380,484 12/06/1999 PAT 6,632,928  
 which is a 371 of PCT/US98/04303 03/05/1998  
 which claims benefit of 60/039,987 03/05/1997

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 05/22/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	MD	7	11	2
Verified and Acknowledged	Examiner's Signature	Initials			

## ADDRESS

36339

## TITLE

Use of immunotoxins to induce immune tolerance to pancreatic islet transplantation

<b>FILING FEE RECEIVED</b> 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<div><input type="checkbox"/> All Fees</div> <div><input type="checkbox"/> 1.16 Fees ( Filing )</div> <div><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</div> <div><input type="checkbox"/> 1.18 Fees ( Issue )</div> <div><input type="checkbox"/> Other _____</div> <div><input type="checkbox"/> Credit</div>
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